



# Best Practices 2000

## Focus on Continuum of Care

U.S. Department of Housing and Urban Development

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<http://www.hud.gov/bestpractices.html>

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During the last six years, the U.S. Department of Housing and Urban Development (HUD) has initiated and institutionalized policies to address the critical problem of homelessness in the United States. HUD's approach to breaking the cycle of homelessness is known as the Continuum of Care. The Continuum of Care calls for a coordinated, community-based process of identifying needs and building a system to address those needs. The Department's approach has been recognized not only by providers of homeless services, but earned recognition by Harvard University's Innovations in Government program.

Working with our partners we have made great progress in breaking the cycle of homelessness. This is reflected in HUD's budget, as additional resources continue to be provided for programs to assist the homeless. However, we can and must do better. We must work to refine our knowledge of the Continuum of Care system and share our success. We must strive to design more successful approaches for ending the tragedy of homelessness.

**Cardell Cooper**  
Assistant Secretary  
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Planning and  
Development



Using your knowledge of putting together a Continuum of Care system and implementing homeless services, I ask for your assistance and sharing of knowledge. We at the Department have, working with you, developed the Continuum of Care model. Please engage in this process of reviewing the model and providing input on technical assistance needs. With your help, we can improve the model, improve the performance of homeless service providers and continue to make great strides in ending the cycle of homelessness.

## Model Continuum of Care Systems

The Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.



**Mr. Patrick Leary,**  
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## Framework for Effective Continuum of Care Systems

1. Organize an On-going Continuum of Care Process.

## Ending the Cycle of Homelessness: A HUD Model for Continuum of Care

2. Collect Data and Inventory System Capacity.
3. Determine and Prioritize Gaps in the Continuum of Care Homeless System.
4. Develop Short- and Long-Term Strategies with an Action Plan.
5. Implement Action Steps for the Continuum of Care Plan.
6. Evaluate and Assess Programs.

## Fundamental Components of a Continuum of Care System

The fundamental components of a Continuum of Care system are:

- Outreach, intake, and assessment to (1) identify an individual's or family's service and housing needs, and (2) link them to appropriate housing and/or service resources;

- Emergency shelter and safe, decent alternatives to the streets;
- Transitional housing with supportive services to help people develop the skills necessary for permanent housing;
- Permanent housing and permanent supportive housing.

An effective Continuum of Care system is coordinated. It not only includes the fundamental components identified by the U.S. Department of Housing and Urban Development, but also the necessary linkages and referral mechanisms among these components to facilitate the movement of individuals and families toward permanent housing and self-sufficiency. It balances

over

available capacity in each of its key components and provides a framework that is both dynamic and responsive to changing needs over time.

In addition, a Continuum of Care system should include a focus on homelessness prevention strategies and services. Prevention services

major players, seeking involvement of all possible sectors, tying the group to existing planning efforts, and starting preliminary information collection and analysis.

It is important for groups to identify their desired outcomes. This is done by developing a common understanding of the Continuum of Care

process, by working to develop a group vision, and by identifying the critical missing information for needs and capacity.

The final piece is to define roles and responsibilities and establish

guidelines and goals for the Continuum of Care process. This is done by developing an understanding of what is expected of the various participants and developing a meeting schedule and timeline. The timeline provides participants with clear expectations for time commitment necessary for the completion of the planning process.

### Step Two: Collect Needs Data and Inventory System Capacity

An important step in the planning process is the identification of sources and methods for collecting data on the needs of homeless people. The goal is to ensure that the data collection are as comprehensive as feasible, that providers and key stakeholders agree with the methodology and results they present, and that any shortcomings in the data are agreed upon as acceptable. Some points to consider: who has the capacity to collect the data; is the data reliable; is the data collected from a variety of sources.

An essential foundation of the Continuum of Care system is an assessment of the extent and types of needs experienced by people who are homeless in the community. Without consensus on the baseline data, the gaps analysis may lack legitimacy and will make building consensus on unmet needs and priority gaps more challenging.

In addition to assessing the extent of homelessness, participants need to inventory the existing capacity available to meet the needs of homeless people. This assessment should be conducted in the context of the Continuum of Care concept and components. An additional inventory should be conducted to assess the mainstream resources available in a community.

The final part of this step is compiling the information and validating the findings. Once compiled and synthesized, these findings should be available for community review and input to ensure that the inventory accurately and sufficiently reflects different stakeholders' understanding of what capacity and resources exist. It is important to finish this part of the planning process with consensus on the data because these needs and inventory form the basis of the gaps analysis.

### Step Three: Determine and Prioritize Gaps in the Continuum of Care Homeless System

The first part for determining gaps in the Continuum of Care is to quantify unmet needs. This involves a calculation between the estimated amount of need (based on the needs data collected) and the current capacity by Continuum of Care component (based on the inventory) to meet the need. The community will then establish a process for determining the relative priorities. A rela-



Ms. Robyn Rayson of the Office of Special Needs, Community Assistance Division (CPD) presents Continuum of Care model to focus group participants as Felicia Polk, Director of Best Practices, facilitates the discussion.

might include one-time emergency funds to keep families housed, crisis intervention services for people with mental illness living in the community, and peer networks for people in early recovery living in permanent housing.

### Step One: Organize an Ongoing Continuum of Care Process

As a first step in the planning process, it is important for the planning body to understand the Continuum of Care concept, to develop a common vision for an ideal Continuum of Care, and to consider desired outcomes. This process is an opportunity to get homeless providers and key stakeholders to step "out of the box" and think broadly about what an ideal homeless system should include and what it could achieve.

In this part of the process, a core working group is created and participation is encouraged from a wide variety of groups and organizations. This is done by reaching out to providers and stakeholders, including

tive priority places a “high,” “medium,” or “low” rating for the categories on the Gaps Analysis chart. In order to help prioritize among the list of gaps, a planning group can use qualitative criteria.

#### Step Four: Develop Short- and Long-Term Strategies with an Action Plan

After determining and prioritizing gaps, it is important to look at how

these gaps interrelate to assist with strategy development. From this analysis, a working group will develop its strategies and action steps.

The criteria developed might include the capacity to implement and manage the proposed project, and/or the experience of the provider in working with the target population. Communities should emphasize and rank projects based on the project's ability to produce outcome measures upon which the project can be evaluated in future years. Additionally, communities must ensure that a fair and efficient process is provided in the selection of projects.

#### Step Six: Evaluation and Assessment of Programs

A successful Continuum of Care system should evaluate the progress made in addressing homeless needs within the community at least annually. Communities should determine which goals are being met and where there are shortfalls in housing and service delivery.

#### 12 Questions for Determining Effectiveness of Continuum of Care Systems:

1. Is there a well-organized coordinating council, network or other organizational structure and are meetings regularly scheduled?
2. Do the members represent a variety of organizations including all homeless sub-populations?
3. Does the system have a strategy or vision to combat homelessness and what progress has been made toward completing the goals and

action steps?

4. Are all fundamental components of a Continuum of Care system in place?

5. Does the Continuum of Care system provide access to assistance under each component, and is there outreach and assistance to the different homeless sub-populations?

6. Does the Continuum of Care system facilitate movement of homeless persons through the system, and does the system link the components?

7. Does the Continuum of Care system have current reliable data on needs and inventory when developing its Gaps Analysis?

8. Does the planning group have a reasonable method for determining the relative priorities of the Gaps Analysis?

9. Is there a link between the projects identified for funding and the relative priorities identified as gaps in the community?

10. Does the planning group have an open and fair process for soliciting projects and determining their priorities?

11. Does the project priority selection process provide an equal and fair opportunity for nonprofits to participate?

12. What efforts have been taken to increase leveraging of mainstream resources?



Sister Ellen Morrel,  
Project Rainbow,  
Philadelphia, PA

The action steps are used to link the gaps to possible resources. To ensure that the Continuum of Care plan is outcome oriented, each strategy should include action steps, points of accountability, and a time frame.

#### Step Five: Implementation of Action Steps for the Continuum of Care Plan

Successful Continuum of Care implementation necessitates that communities establish who will be responsible for ensuring that tasks are accomplished, and progress is monitored. Regardless of who is responsible, roles and responsibilities must be clear and a regular schedule established to ensure an ongoing, year-long planning and evaluation process.

A primary action step for the Continuum of Care plan is application for homeless assistance funding. Communities should develop some selection and ranking criteria for prioritizing projects for homeless as-



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### Focus Group Session Results

On February 10, 2000, the second in a series of HUD focus groups designed to identify best practice models was held with the help of several Continuum of Care providers. Mr. Patrick Leary of the Minnesota Department of Children, Families and Learning, Mr. Vince Kabacinski, Vision Incorporated - NEAT program from Wilkes-Barre, Pennsylvania and Sister Ellen Marvel from Project Rainbow in Philadelphia, Pennsylvania met with HUD officials in a one day session to discuss HUD's Continuum of Care model. The group identified the ar-

The group identified four areas where technical assistance was needed to improve performance within the model. The four areas are:

**1) Needs Analysis.** The group felt that more detailed guidance in developing this portion of the Continuum of Care model would improve their ability to identify sub-populations in need of assistance and improve their ability to address the true needs within their community.

**2) Outreach.** While outreach is mentioned in the Continuum of Care model, the sense of the group was that more attention was needed in this area. More specifically, training on how to reach out to the hidden and difficult-to-reach clients and link them to services was necessary to strengthen the effectiveness of addressing homelessness within their community.

**3) Follow-up.** Long-term follow-up of clients was found to be a critical need by the members of the focus group. One of the providers follows-up in some cases for up to seven years. This long-term follow-up helps prevent families and individuals from returning to homeless situations. The group felt that technical assistance on creative methods for funding this function would be helpful.

**4) Evaluation.** In order to determine the success of a Continuum of Care system, the group felt that the performance of the system should be evaluated at least annually. They felt that it was important to determine if short and long-term goals were systematically being met and the appropriate adjustments being made in their planning efforts to correct performance shortfalls.

To order the Guide to Continuum of Care-Planning and Implementation call the HUD Customer Service Division on 1-800-767-7468.

The code number for the book is 05264. A Trainer's Guide is available and its code number is 05265.

### We Want to Hear From You

Please review the Continuum of Care model and tell us what you think. As an overall system, what are the strengths in the system? What are the weaknesses? In order to better achieve the goal of breaking the cycle of homelessness, in what areas would you and/or your colleagues like to receive technical assistance? How can HUD improve upon the success factors within the model or the overall success of the Continuum of Care?

Send your comments and suggestions to the Best Practices staff, U.S. Department of Housing and Urban Development, 409 Third Street S.W., Suite 310, Washington, DC 20024.

### Best Practices Nominations

Submitting a Best Practice has never been easier. Now HUD staff, partners and other outside organizations can submit Best Practice nominations using HUD's internet site. The 2000 Best Practice nominations process opened March 20th and runs through May 31st. You may access the automated nomination system and obtain other best practices information through our website at [www.hud.gov/bestpractices/](http://www.hud.gov/bestpractices/). We look forward to your nominations.



Mr. Patrick Leary, Minnesota Dept. of Children, Families and Learning with Sister Ellen Marvel, Project Rainbow, Philadelphia, PA

...eas within the Continuum of Care model and Super NOFA process that could be improved to better provide services to homeless individuals and families. The model is included in this issue and HUD welcomes your comments and input on the validity, strengths and weaknesses within the Continuum of Care model.

Overall the group felt that the Continuum of Care model accurately reflected the steps for implementing a successful homeless services system. They felt that with minor modifications the model identifies the key variables to consider when putting together a system to assist homeless populations.